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Cultural norms versus state law in treating incest: a suggested model for Arab families

Khawla Abu Baker^{a,*}, Marwan Dwairy^{b,1}

^a*Emek Yezreel College, Department of Behavioral Science, "Mar'ah" Institute for the Study of Women in the Middle East, P.O. Box 2320, Akko 24316, Israel*

^b*School of Education, Haifa University, Haifa, Israel*

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Abstract

Objective: This article examines problems of intervention in sexual abuse cases among collective societies and offers a culturally sensitive model of intervention.

Method: The manuscript is based on cross-cultural literature and clinical cases within the Palestinian community in Israel.

Results: Unlike Western societies in which the state takes responsibility for the needs of its citizens and has laws that aim to protect victims of sexual abuse and to punish the perpetrators, in many collective societies people live in interdependence with their families. The family, rather than the state, is the main provider and protector. Enforcing the laws against sexual perpetrators, typically, threatens the unity and reputation of the family, and therefore this option is rejected and the family turns against the victim. Instead of punishing the perpetrator, families often protect him and blame the victim for the resulting mess. The punishment of the abuser results in the re-victimization of the abused since the family possesses supreme authority. We suggest a culturally sensitive model of intervention that includes six stages: (1) verification of information, (2) mapping the family, (3) bonding with progressive forces, (4) a condemning, apologizing, and punishing ceremony, (5) treatment, and (6) follow-up.

Conclusion: Culturally sensitive intervention that exploits the power of the family for the benefit of the victim of abuse *before* enforcing the law, may achieve the same legal objectives as state intervention, without threatening the reputation and the unity of the family, and may therefore save the victim from harm.

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* Corresponding author.

¹ Both authors contributed equally to this paper; each is considered as a principal author.

Introduction

When incest takes place in a Western society, the State must take action by law to protect the victim and provide therapeutic intervention. State institutions work together to punish the abuser and ensure a safe environment and appropriate treatment for the victim. This Western model of intervention is built on two premises that stem from the individualistic social system in the West:

1. The state is responsible for protecting its citizens and controls the means to achieve this goal. By the virtue of this, the state provides all human needs to the victim such as shelter, education, social and psychological support.
2. Functional adult within a family is a psychologically independent individual (Kerr & Bowen, 1988). Therefore, the person is able to withstand that necessary separation between family members which helps the victim to reconstruct her self and her life.

Typically, these two premises are not met in most non-Western societies that still adopt a collective and/or authoritarian cultural system, as does the Palestinian society in Israel. In these cultures, the family rather than the state is the entity that takes sole responsibility for children's safety and survival; family members possess a collective self and are not individuated from their family of origin (Dwairy, 1997a, 1998). When a member of the family, the only potential protector for the child in these societies, becomes the abuser, separation may damage the whole family including the victim.

Psychotherapy in a Western setting aims to help the victim contain her maladaptive reactions and symptoms, to gain the courage to recall and explore the frightening memories in a safe and controlled setting, to deal with guilt and shame, to repair the sense of self, and then finally to regain control of her life (Karp & Butler, 1996). These goals are "self-oriented" and are unachievable if the victim is accused of destroying her family. Sentencing the perpetrator to prison not assure the psychological well being or the social safety of the victim in a traditional non-western society, nor does it assure the preservation of the family framework.

In a few collective/authoritarian societies, the state has begun to apply the law to punish perpetrators of incest and to provide support and treatment to the victim. When this Western form of intervention is applied in these societies the whole family resists, and blames the victim for destroying the family structure and the family reputation.

In Israel, a law to protect children was legislated in 1955 and has been revised several times. According to the law, an adult who is acquainted with a case of child abuse, sexual, physical, or psychological, should file a report either with the police or with a child protection officer (CPO) or with a general social worker. The CPO may recommend postponing legal action against the perpetrator. The appropriate steps of the social welfare office and the police authority depend on the collaboration of the perpetrator (Hovav, 1997; Morag, Albashn, & Peled-Amir, 1999).

The psychological and social reaction to Western legal procedures causes more psychological and social harm to the victim as a result of its clash with the norms of a collective society. In order to clarify this point, we will focus on the reaction to the reporting of incest within the collective Palestinian society in Israel (Dwairy, 1998), describe the psychological and social damage that results and suggest a culturally-sensitive model of psychological intervention.

This paper uses clinical data collected from the work of two Palestinian therapists, a clinical psychologist and a family therapist, who treat victims of sexual abuse among the Palestinian society inside Israel. The paper suggests a systemic and culturally sensitive model that may achieve the law's objectives within a family framework, thus serving the needs of the victims, as well as their families, including the perpetrator.

The Palestinian family inside Israel

Palestinians in Israel live mainly in all-Arab neighborhoods, towns or villages, surrounded by extended family members. Large extended families range between 50 and 500 members who live mainly in the same location.

Cultural norms and the economic structure have preserved a high degree of interdependence within Palestinian society. "All for one and one for all" is a real reflection of the Palestinian lifestyle, mainly, but not exclusively, in rural areas. In such a society, daily life is led under the umbrella of the extended family or the "hamula" (clan), including the local government, economic projects, education, entertainment and so on. An individual should belong to a family in order to survive. Women in such a society are, by religious laws and by tradition, in the custody and control of the males in their families (fathers, brothers, uncles, and cousins), regardless of their age, education, profession, or social status (Ahmed, 1992; Badran, 1996; Walther, 1995). Young women are not brought up to be independent of their families or spouses, and it is not accepted for a woman to live alone at any age. Young people continue to live with their family of origin until marriage or later, depending on their economic situation. A family's reputation is among the most important resource an Arab family has. A negative reputation may be attached to a family after cultural or religious misconduct. All extended family members bear the consequences of misconduct, which could include an economic boycott and/or social isolation. As a result, fear of bringing shame to it is one mechanism that controls the family. This mechanism ensures acceptable psychological and social behavior. An individual is expected to suffer silently if his or her voiced suffering would bring shame to the family.

Sexual abuse among Palestinians

Although it is hard to find publications regarding this issue in the mental health literature of the Arab world, sexual abuse takes place in all societies, and the Palestinian society in Israel is no exception. About 20% of 12-year-old boys and 11% of all girls anonymously reported experiences of sexual abuse; about 40% of the abuse was perpetrated by relatives or neighbors (Dwairy, 1997b). Parents of boys who are sexually abused rarely file sexual abuse or assault reports or arrange for their sons to receive therapeutic care. Feeling shame that such event should happen within their nuclear family, they prefer to erase it secretly and silently from the child's experience. In cases of girls, usually the family or other caretakers such as teachers, therapists, doctors, file if sexual abuse results in a pregnancy or with bleeding that needs medical treatment, or if the girl or other family member becomes anxious regarding the victim's virginity. This type of disclosure is usually followed by the victim being harshly blamed because in the public eye, the family is blamed. The intervention of the welfare and the police authorities become counterproductive and may in fact cause more harm than good.

Arab society treats families within which sexual abuse occurs as “untouchable” and institutes a social boycott of all its members. Ignorance of the sociological history of sexual abuse causes communities to blame the family, just as the family blames the victim, thus creating several layers of victimization. Public disclosure of the sexual abuse therefore constitutes the greatest possible threat to the family, and thus families are ready to do everything in their power, including re-victimizing the victim, in order to save the family’s face.

Case example

Salwa, a client treated in a shelter by one of the authors, was 12 years old, and had, since the age of 4, lived with her paternal grandparents after the divorce of her parents. At the age of 6, Salwa reported repeated molestation by her paternal grandfather to her uncle and her mother. After an intensive investigation, the grandfather was imprisoned for 6 years, causing his extended family great shame. His family accused the maternal extended family of fabricating the abuse story as a tool to continue causing harm to the reputation of the father’s extended family. The child’s suffering was never taken seriously. The paternal extended family saw the child as “a damaging weed which has to be dug out” from their family. Salwa was moved to the custody of her maternal grandparents, severing all relations with her father and his extended family. A year later, she reported to a social worker, via her teacher, that her maternal grandfather exposed himself to her. She was taken away from the family and put in a boarding institution (shelter) and an investigation followed. None of Salwa’s either paternal or maternal relatives supported her during this difficult period. Her divorced parents, both of whom had remarried, then ended their relationships with her because “she showed great disrespect to both of the extended families that had taken her in.” Both sides of her extended families felt that she had been ungrateful. They refused to invite her to their homes or visit her in the institution. Salwa, who had 9 half-brothers and sisters from her two parents, suffered from depression, loneliness, and low self-esteem.

While most young girls were able to develop their personality and identity within their families, Salwa did not have this option in her life. Among the most challenging obstacles in her therapy was Salwa’s claim that she had no future since she had no “family or extended family to go back to.” Instead of internalizing the empowering talks which constituted part of the therapy, she internalized all the talks with her extended families in which they blamed her. This left her unmotivated to move forward in therapy and in life. Both extended families blamed the welfare services for destroying the families.

For young girls like Salwa, family is *the* cultural reference point for values and directives, and has unparalleled importance in the client’s life. Having been accustomed to living in complete emotional, social, and economic interdependence with her family, she was unable to cooperate with therapists who removed her from that family. Salwa knew that her survival still depended on her family rather than the state. She knew that at the age of 18 she would have to move out of the institution, and that her society would not then allow her to live by herself. She had to find a refuge in an extended family.

The relation between culture and the culture of therapy

In the case of incest, institutional (state) intervention threatens the family structure and therefore the family members are enlisted to protect the family unity and reputation, even at

the cost of sacrificing the victim. In some cases, the family may even go so far as to kill the victim as an attempt to "save" the family honor (Ginat, 1997; Glazer & Abu Ras, 1994; Hasan, 1999; Shalhoub-Kevorkian, 1999). Arab society emphasizes family and social norms such as modesty, which discourage sexual education in either private or public contexts. Additionally, Arab society blames females for not being able to protect themselves from sexual intercourse out of wedlock, even if it happens as a result of brutal rape. Sexual feelings are unspoken and considered shameful discourse.

As a result, when incest takes place and becomes known to the authorities, imprisonment may help the abuser to gain social sympathy and support, instead of the shame and ostracism that would have enhanced his punishment. On the other hand, for the young girl who possesses a collective and non-individuated "self," convicting her father, grandfather, or brother, who is [still] part of her "self," is to convict the self and, therefore, to increase the feelings of guilt.

When a grandfather or a brother is convicted as a perpetrator, the victim's parent will become torn psychologically, socially, economically, and religiously between his or her parent and his or her child. Also in this case, the community swings to one side, asking the parent to help the grandfather or the victim's brother, while the psychological professionals will pull to the other side, asking the parents to condemn the perpetrator.

Keeping these dynamics in mind, familial rejection of the abuser would be a much harsher punishment than the prison sentence, which provides relief and support for the victim. But is there any way to make families reject the abuser?

A few professionals who work with incest cases in Arab society have tried alternative ways to combine the need to punish the abuser and protect the victim on one hand, with the need to preserve the cultural structure on the other hand (Shalhoub-Kevorkian, 2000).

A suggested model for Arab families

In the following pages, we will present an ecological and comprehensive model of intervention that is based on the cultural features of Arab society, and aims to enlist members within the family to achieve the law's goals: punishing the abuser, protecting the victim, and providing therapy to the whole family. This model has been implemented in clinical cases. Since policemen, CPOs, and social workers are the first to treat incest accusations, we suggest that this model be adopted by them. We believe that besides being comprehensive and culturally sensitive, this model prevents violent escalation in the relationship between the mental health workers and the family.

When a mental health professional receives information about incest, six stages are suggested.

Verification of information

As a result of the strict borders between private and public spheres within Arab families, verification of such cases is the most crucial and difficult stage. Typically, indirect signs of sexual abuse such as a physical condition appear first. Often boys and girls have physical signs of violence done to them by abusive parents, siblings, or peers. Children often exhibit

restlessness and fear in the presence of adults as a result of harsh disciplinary rules. However, it is possible to observe and gather these signs and use the cultural framework to judge behavior in context (Abu Baker, 1999a). In order to gather these signs, one must focus on the differences between three major cultural mis/behaviors:

- Discipline culture versus sexual abuse culture: attention should be paid to extra affection displayed by a male teenager or young unmarried sibling toward his sister, including *insisting* on accompany him and serving him by herself.
- “Disproportionately violent” behavior against a girl on the part of her older brother (or also father, grandfather, or uncle). In dysfunctional families where fathers are not present (divorced, imprisoned, dead, migrant workers, etc.) the older brothers take over the role of disciplinarian, including handing out physical punishments to their sisters. Mothers and extended family encourage obedience to their authority. In such cases, it is difficult to recognize whether the violence is occurring as a result of the girl’s refusal to surrender to her brother’s sexual demands. Teachers, educational counselors, and family doctors play crucial roles in such cases because they are able to monitor behavior over time and within the cultural context. Other features of victims’ behavior are universally understood, such as depression, loneliness, fatigue, restless, and so on (Waterman & Ben-Meir, 1993).
- Closure culture versus disclosure culture: A major problem that professionals who attempt to verify all types of sexual violence against children face is the socialized censorship of sexual discourse. When a child tries to draw attention to his/her distress in his drawings or by showing or telling someone, the first reaction from untrained professionals would be to punish the child for what is culturally believed to be “misbehavior.” The child would often be judged as shameless. This would reinforce a child’s need to be cautious about revealing any small hint that incest is taking place.

To address these cultural norms, teachers, therapists and other professional should be trained to pay attention to the slightest distress signal a child dares to send.

Professionals who suspect incest should try to verify it with the victim under the strict cover of confidentiality. This first stage may continue for quite a while in order to assemble a complete picture of the situation. To enable this process to take place, professionals should assure the child that they respect her need to protect herself and her family from the harm caused by disclosing the incest. Unfortunately, informing the child of her legal rights and the measures that could be taken to protect her and punish the abuser may be threatening and cause the victim to avoid disclosing additional information. In response to the complicated nature of verification, the process must move to its second stage: mapping.

Mapping the family structure

In this stage, the CPO or the social worker collects information about the nuclear and extended family members and their hierarchical structure in order to identify individuals who could serve as a “supportive parental figure” to the victim. Landau-Stanton (1990) called this procedure “link therapy:” she involved a family member, trained him and let him coach the family during the therapy period. Supportive parental figures will be people who possess credibility and authority within the family such as grandparents, uncles, or a distant relative of high

status who commands respect within the nuclear and extended family (see also Paniagua, 1994; Suc & Suc, 1990; Tseng & Hsu, 1991). This figure should be enlisted to provide protection and support to the victim, as well as help the family suggest an appropriate punishment for the abuser. In the Arab social culture, a person in danger of his/her life may ask for help and refuge from any adult man who has authority in his society. This type of protector is called in Arabic "*Tanib*." A "*Tanib*" should mediate between the help seeker and his or her community, and help relocate the person in a safe environment where he/she can proceed with a normal life.

It is crucial to find the "supportive parental figures" immediately after the first disclosure of the incest. Arab society is not child-centered and often a complaint from a child/victim has the potential to boomerang, placing the blame back squarely on the child victim. Therefore, it is important that an adult close to the nuclear family should believe her story. Ultimately, adults will listen to the "supportive parental figure," not to the child. Involving a respected family member at this stage may help the victim to understand that her family will stand by her side during this painful process.

It is important to make the "supportive parental figure" aware of the state law, the psychopathological effects of sexual abuse and violence, and the importance of individual and family mental health. Choosing this person puts him or her in a position of great responsibility for the individual victim, the collective family, and the mental help culture.

Contracting and bonding with a social leader figure

A formal and discrete meeting should take place between (1) the social worker, (2) the representative of the law such as a policeman, a lawyer, and so forth, (3) a community or religious authority that the family trusts, (4) representatives of the social leader figure such as a teacher, an active member in a social organization, and (5) the supportive parental figure.

At this meeting the social worker, backed by the "supportive parental figure," presents information about the incest and identifies the abuser and the victim. The representative of the law clarifies the official steps that should be taken according to the state laws. Then he or she asks the community and family representatives to suggest their own solutions to assure the objectives of the law: (a) stop the abuse and protect the victim from any emotional, social, or physical harm, (b) condemn and punish the abuser, (c) offer social and community support, individual and family therapy, and (d) guarantee follow-up with the victim and her family. Only when the family agrees to achieve all four objectives and signs the necessary documents will the official state procedure be postponed or terminated (Deveaux, 1992). At this stage the fourth step will be discussed. It is preferable to hold this meeting at the residence of the supportive parental figure.

Condemning, apologizing, and punishing ceremony

To this ceremony, all the parties that were part of the agreement invite the representatives of the family as well as the victim and the abuser. It is recommended that this ceremony take place as soon as possible in the home of the victim in order to symbolize that this audience actually substitutes for the former authority of the nuclear family (the abusive father or brother). Four steps should be achieved in this ceremony:

- **Condemnation:** The representative of the extended family announces the existence of the incest within the family, condemns it and expresses sympathy and support for the victim. Other family representatives join in the condemnation of the abuse and express sympathy to the victim.
- **Apology:** The abuser apologizes directly to the victim and promises not to hurt her in any way under any circumstances.
- **Punishment:** The audience discusses corrective measures such as: temporary or permanent expulsion of the abuser from the family, his partial or complete disinheritance, or ordering him to compensate the victim in a way that helps her continue her life positively.
- **Recognition of the courage of the extended family.** The state representatives sign an agreement with the family stating that they will respect the family's intervention as long as the latter protects the victim from any abuse and follows through with the punishment decision against the abuser.

Successful mapping and bonding are very crucial to the success of this ceremony. If these stages are done too abruptly, the ceremony will never take place.

Therapeutic intervention

Four-fold culturally sensitive and systemic therapy is needed after disclosure of incest: (a) family therapy for all family members, (b) individual therapy for the victim, (c) individual therapy for the abuser, (d) couple's therapy (Furmiss, 1992).

Family therapy. Family members are affected by the consequences of incest in various ways. Although Moslem women live under the potential threat of polygamy, especially when their husbands are interested in marrying very young women who are the same age as their daughters, a wife may feel a double betrayal from both her husband and her daughter in cases of incest. Feelings may include anger at the husband who dared having relations with "a young female; shame as a community member; fury as a mother; and confusion as a responsible member of her family." Family therapy should cover all these emotions with the mother. The wife's anger usually causes an immediate accusation of the daughter, blaming her for collaboration with or the seduction of the father (Rimerman, 1985). In such a situation, the mother would be very hurt by both her daughter, who dared to compete with her, and by her husband, who showed no rejection of an extra-marital affair.

Family members usually experience a great shock when they first learn about the incest. Family therapy, which includes the supportive parental figure, may help all members regain trust in the family structure. Family therapy with Arab women should emphasize empowering mothers as leaders of their own families. Therapists should be aware of the long history of repression among Arab women in order to be able to empower them to support their victimized daughters.

In cases when the father is the abuser, the wife/mother feel betrayed and unsafe around the husband's extended family. If the husband were to be put imprisoned as a result of the incest accusation, his wife would be forced to live with his parents or under their supervision until his release. During this period, the wife would experience a high degree of psychological and

social tension. In patriarchal societies, a wife will rarely be supported when she dares to blame her husband, but she will also not go so far as to punish him by divorcing him. It is exceptional that a woman is capable of supporting both parties: the victim and the abuser. Usually, women choose, or are forced to choose, one or the other. It is the therapist's role to let her be aware of her abilities and decisions.

Siblings' need for family therapy. When the authorities become acquainted of incest within any family, the lives of all its members will be forever changed. The incident will be a demarcation point from which the family history will be defined in terms of “before and after.” In some families, such traumatic events cause estrangement of other adult siblings who do not feel able to face the family shame within their communities. As a result, they decide to cut off their relationship with their nuclear family and their friends driven by the shame of the traumatic news. According to the usual treatment of incest cases, which we claim does not suit Arab families, when there is a real danger to the welfare and well-being of the siblings, they often can be taken away from the family. Consequently, they will be put in a very difficult psychological position in which they are asked to understand the pain of their siblings and the anger of their parents. When the family cuts ties with them, they feel victimized both by the state which decided to put them in a boarding institution, and by their family that severed the relationship. They also will adopt the cultural/family discourse against the sister who is the victim, and will not, therefore, assume the role of her supporter when living together in the same boarding institution. These siblings need family therapy to restructure their relationships with each other and with the rest of the nuclear and extended family.

The participation of siblings in extended family therapy in the presence of other supportive relatives as suggested in this model gives the victim's siblings the ability to be proud of their extended family. Siblings need encouragement to accept the event, the apology, and their sister as a victim/survivor. When they experience therapy in a community setting with the extended family rather than in a state-run or isolated setting, they experience the continuing social assurance of belonging to their community.

Individual therapy for the abuser. Despite the psychosocial reasons for a father's incestuous behavior, the abuser also requires family therapy. Many fathers within collective societies have traditional values that have been passed down for centuries, which view females as the property of men. Religious norms play a crucial role in perpetuating these ideas in such societies. Therapy for the perpetrator together with family sanctions may prevent further sexual abuse.

The expected reaction of Arab men who are accused of incest shifts between: (1) shame as community member; (2) fury with state interference and the outsiders who dare to challenge his leading role in his family; (3) anger with his daughter (or relative) who countered the “tradition of silence” and defied him; (4) anger with the state's institutions who put the child's welfare, rather than the father's, in the center; and (5) confusion over his wife's anger, fear of losing his traditional controlling position. In order to confront these issues, a therapist must have a deep knowledge of the family's cultural background in order to create an effective therapeutic plan (Abu Baker, 1999b). For example, an Arab man may use physical punishment against a child who dared to complain about sexual abuse. He may also be very violent towards his

wife who believed her daughter's story and collaborated with the social worker against him. To prevent aggravated violence during this period it is recommended that during the apology ceremony, representatives of the extended family declare that they assure the wife's safety. In addition, it is very important that all children be present to hear about the abuse and understand the meaning of the apology. Then, they should hear immediately from professionals that they will be safe, with the help of the extended family and the mental health workers, from that moment on.

In cases when the abuser is a brother, parents will feel a double loss if and when the son is put in prison and the daughter taken to a shelter. Often, other younger sisters will be removed from the family's custody at the same time, creating a traumatic change in their lives. One of the major traditional tools that should be used to help Arab families face their loss comes in the form of social support. During such events, people visit the family consistently so that they can face the loss collectively. A family therapist may use this momentum and share his or her therapeutic intentions with the community. When professionals suggest their plans in such an atmosphere, their voices are more likely to be heard. More important, this intervention may function as educational and preventive tools in a society in which sex abuse is never mentioned.

Several obstacles stand in the way of successful therapeutic treatment of an Arab sexual abuser:

- Psychological therapy service is uncommon in most Arab countries. People are more accustomed to psychiatry services that are perceived as a service for "crazy people."
- The sweeping denial of sexual abuse within the Arab and Moslem societies mainly as a result of gendered segregation codes and veiling codes.
- The threatening of women and children by family members often forces them to change their stories and deny the incest, pointing out of fear at the mental health worker as the force which urged them to prefer charges against the family member.
- Collective responsibility supports the abuser by creating excuses for his "unusual behavior," such as being under the influence of psychotic drugs or "satanic thoughts." Family members will often socially construct a story that will change the situation in court so that the abuser will not be punished or will receive minimal punishment. In such cases, the abuser does not internalize his responsibility for the incest and consequently will reject therapy.
- Patriarchal norms glorify the importance of the suffering of the male. The abuser and his family will focus on his suffering, caused by imprisonment, instead of focusing on the victim's suffering and loss. In such cases, the abuser will not be capable of self-reflection and therapy.

Therapy aims to teach the abuser what the causes of his action are and to understand their results. When the extended family takes the responsibility of declaring the person to be a sexual abuser, the therapist will not become the accuser. In this case male or female therapists may work with him. It is preferable to have co-therapists from both genders as an educational as well as re-socialization tool. A chance for therapy will evolve. Empathizing with the accused's pain, anxiety, shame, and anger, the therapist can help him relinquish denial and projection mechanisms, and learn how to pay for his mistakes. The family's announcement that they accept his retreat and apology helps all parties start a new phase in their family relationship. When

such therapy occurs with the support of and in the presence of the extended family, treatment can be accomplished more quickly and to a greater depth.

Individual therapy for the victim. Because of her collective identity, the psychological state of the victim will be influenced directly by the family's attitude. If they support her it will considerably ease much of her shame, guilt, anger and desperation.

Unlike Western therapy, which aims to differentiate and restore the self, therapists of Arab incest victims should keep in mind focusing on restoring the intra-familial order rather than the intra-psychic one (Dwairy, 1999a, 1999b). Short-term, concrete, and task-oriented therapy is recommended (Dwairy, 1998; Dwairy & Van Sickle, 1996). Repressed contents may better be addressed indirectly through a talk about physical objects from the victim's environment (Dwairy, 2001) or metaphorically (Dwairy, 1997b) to eschew resistance and help save the family's face.

Beside the difficult task of reclaiming her family as a secure environment, the victim faces another challenging task: to re-establish her place within her community. When extended family and community take responsibility for the event, their own social reaction toward victimized women will consequently change. Per contra, removing the victim to a boarding institution will label her and cut down her opportunity to reintegrate in her community.

Girls who are taken away from their families find the new changes in their lives hard to face. Their main psychological problems at this stage concentrate on their family reactions rather than on their psychological pain as incest victims. The separation from their siblings and other family members usually leads them to feel that they are punished and rejected. Other family members such as uncles and aunts will refrain from connecting with the victim since they prefer not to take a part in the problem when the "state" is involved. As Salwa's case shows clearly, the more the victim focuses on her lost connection with the nuclear and extended family, the less likely she is to deal with the issues of being a victim of incest. Instead, the social and cultural discourse will force her to see herself as a traitor to her family. This discourse will most often be much more influential than the state's or the therapist's desire for her to see herself as a victim.

Couple's therapy. Besides family therapy, the therapeutic plan should focus also on couple's therapy in order to restore trust in the mutual relationship with the spouse. Social requests, such as staying away from the family for a while, paying for the victim's therapy, from one or both spouses should be treated as an atonement tool, not as a punishment. Couple's therapy should start soon after the disclosure of the incest. This assures that a deepening of the rift between the couple will be prevented, and helps them to take mutual responsibility for their family.

Follow up

All parties—the social worker, family therapist, case manager, and "supportive parental figure" should coordinate with each other to make sure that the plan is being enforced. Monthly meetings should be held in order to evaluate the therapeutic plan and identify difficulties. If the CPO or the social worker should identify signs of recurrent abuse, or the termination of

the punishment that was agreed upon for the abuser, they should use their authority to revive the plan or take action to enforce the state's laws.

After the first stage of therapy, the family will need therapeutic follow up and guidance as it goes through new changes, such as psychological stress caused by a post-traumatic reaction to the incest, or when the perpetrator returns home, as arranged, to live with the family. The family should come to view therapy as a support tool to be used to bring about the recovery that helps to rebuild the family in a healthy and functional way.

A deeper analysis of this model clarifies the fact that the conventional therapy takes place at the fifth stage, and meanwhile harm to the incest victim may have doubled or tripled, while if mental health workers had adopted this model, therapy, with the rest of the corrective process, would start from the first moment that incest was disclosed, without any further damage to any side.

An example of using the model

A couple arrived at therapy for counseling after discovering that the husband's brother, almost 18-years-old, had molested his niece, a 4-years-old, for several months. Extensive information was gathered by the therapist about the nuclear and extended family. Both parents were academic career people who wanted to protect their child but emphasized that they did not want to file against the brother. The grandfather had a family business for which three of his adult children worked. Although all adult children were married and lived in separate houses close to their parents, they all maintained the extended family type lifestyle. The victim's father was a father figure for his brother which is typical for the first male child in an Arab family. The grandmother was the person who discovered the molestation. She felt furious with her abuser son, shameful in front of her older son, and pained with regard to her grandchild. The couple and the grandmother found it better not to let the grandfather know about the molestation. They felt that the event would make him depressed and lose faith in what he had accomplished during his life.

The family had a good relationship with a clergyman, who was also their relative. Since he was accustomed to confidentiality as part of his religious role, they agreed to share the molestation story with him and to include him in the intervention process. He functioned as the "supportive parental figure," "Tanib," to all five figures who shared the story of sexual abuse. The therapist told them that a policeman or a lawyer should be part of the intervention. The victim's mother had a cousin who was a lawyer, however, the father's attempt to keep this family ordeal from the mother's extended family led him to choose one of his friends, who was a lawyer. The father had to share the abuse event with the two suggested people and to ask them be part of the intervention team.

A second immediate session was held with the couple, the grandmother, the clergyman, and the lawyer. The intervention plan was shared with all of them. They all wanted to help both the victim and her young uncle. A ceremony was planned for the next week, before which separate therapeutic sessions took place for the victim, the perpetrator, and the couple. During each session they were prepared for the ceremony. The perpetrator was ready to cooperate, felt guilty and was promised his father would not be told.

In the ceremony the therapist opened the session by emphasizing the psychological harm caused by the behavior of the uncle. She praised the couple's ability to take care of the well

being of their daughter as well as of their brother during this difficult period. She also thanked the clergyman and the lawyer for helping the family in this ordeal. Then she asked the lawyer to do his part. The lawyer emphasized the law's intervention: that in such cases the young teenager had to be sent to a rehabilitation institution, losing his last year in high school, and would be shamed by his community and separated from everything he loved. The lawyer added that he would be supportive and to give the young uncle this chance to apologize and pay for his crime. He added that in the case that the perpetrator did not respect this agreement, he would file a report with the authorities. The clergyman talked about the religious sin that had taken place, the harm incurred by the victim, her parents, the perpetrator's parents, and to the reputation of the family. He condemned the behavior and asked the young uncle to apologize. Shaking and crying, kneeling in front of each one, the uncle apologized first to the victim, then to each one in the room. Then the clergyman declared the punishment, which had been agreed between the therapist, himself, the couple, and the lawyer. The abuser was told that the family would not send him to the university immediately after finishing high school as was planned. Instead he had to work for 2 years, to pay for the couple's therapy and the victim's therapy. Also, he had to pay for all the extra curricular classes of his nieces and nephews in order to internalize the functions and roles of a good uncle. The perpetrator was shocked, but then accepted the punishment. The clergyman emphasized that he would be there to support all family members if anyone should be in need. The therapist thanked all participants and glorified the unity and sensitivity of the family and its relatives and friends.

Couple's therapy and individual therapy for the victim took place for the next 2 months before it was terminated. The perpetrator declared that he would start therapy after he started working.

Follow-up 3 months after the last session revealed that the uncle was working in the family business in law profile, a hard job. Meanwhile, he started therapy with a male therapist. He gave about 90% of his salary for therapy sessions of himself and for his relatives, and for the education and welfare of his young nieces and nephews. He was grateful that his studies were postponed instead of his future being lost. Also, he understood the meaning of the chance that was given to him to apologize to the family and to reconnect with it instead of being uprooted from it.

Conclusion

This paper presents a model of intervention that employs the family to accomplish the goals that the state law aims to accomplish: protecting and treating the victim and punishing the perpetrator. This model avoids any threat to the greater family unit and addresses the tough familial resistance that typically, defensively rejects the enforcement of law and ends up sabotaging the goals of the state.

There is a significant need to rethink and revise the common approach that Western societies use to treat incest among collective minorities. This model, which defines the steps that may be taken before enforcing the law, which can only be employed with the full cooperation of state institutions, therapists, and families, could change the way in which incest is handled in collective societies and improve the rate of successful treatment of victims and their families.

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